



COMMENTS REGARDING CONCEPT PAPER FOR AN 1115 WAIVER FOR ILLINOIS MEDICAID November 25, 2013

The Child Care Association of Illinois (CCAI) welcomes the opportunity to provide comments and raise questions regarding Illinois' anticipated request for a Medicaid 1115 waiver.

The CCAI is a membership organization of sixty agencies that provide a range of services for children and families across the system of care, including child welfare, youth services, juvenile justice, mental health and special education.

Our agencies have a large contribution to make to the planning of the system of care for Medicaid recipients since Illinois is unique in how it delivers child welfare services. Illinois relies on private agencies to provide more than 90% much of its direct care for children and families.

HOME AND COMMUNITY BASED INFRASTRUCTURE, COORDINATION AND CHOICE

As Illinois plans the infrastructure necessary to implement any waiver, we urge the planning authorities to be sure they insist ALL human service state agencies and representatives of community providers be part of the plan. Otherwise, the plan risks overlooking challenges that will be inherent in creating a workable infrastructure that assures comprehensive coordination of care.

Definition and Choice

What is the definition for "community-based?" It will be helpful to define that. Many services should be available and subject to Medicaid reimbursement that are "home-based," meaning the services are actually delivered/provided in the client's home. "Home based" is different from mandating that certain services are provided somewhere in a community and the client needs to travel to that community center. We know certain services for certain populations will be more effective and efficient if provided *in the home*---not just somewhere in the client's community. This also allows more "choice" for the user. We suggest more development of this differentiation and the home-based concepts in any future waiver planning.

Costs

Current behavioral health/social service providers, such as our child welfare/child mental health agencies already provide Medicaid-billable services. Such services are poorly funded and the costs of being a Medicaid-certified agency, the costs of preparing bills that meet federal scrutiny and the costs of internal quality assurance programs are significant. Electronic health record systems are already being put in place by current providers. How will a waiver recognize

those costs and assure new and unreimbursed costs are not incurred? As the waiver is developed, we need to assure that costs are covered and that there is some relief for providers in community agencies for the infrastructure costs of providing Medicaid services.

Information and Role of Community Providers

The current grid of Health Care Reform “planners” (such as health homes, hospitals, managed care companies) is already complicated and escalating by the day as full reform is rolled out. It will be important to assure community providers are provided with good information, are given community-based opportunities to meet collegially with the various authorities and planners and are treated as valuable colleagues in the system by the various managed care entities.

We suggest regular and frequent opportunities for managed care/coordinated care/integrated care entities to discuss community care with the community providers.

Secondly, the transformation of the delivery system will be contingent on how well we move those who are marginally involved in health care related services into full involvement. We anticipate caseworker/case manager type functions will be essential to the system. We need to assure that the providers who know how to provide case management and know how to recruit and train case managers are provided with the capacity necessary to help engage those workers in understanding the full health care environment.

Planning For All Areas

We know that current services are unevenly placed and used for the Medicaid population now. There are certain areas of the state where there are no resources at all in a community. How will a waiver assist in identifying service gaps and then developing necessary services within reasonable proximities for the Medicaid population?

Integration of Existing Medicaid Services Into New Plans and Systems

We would like to see more information and planning into how services currently provided in and by the school system yet funded by Medicaid factor into the new waiver delivery system. Will schools be viewed as part of the health system when they provide vision/hearing screening? How do we assure full use of available Medicaid funded services for populations within the school system (or populations referred out of regular classrooms to private schools) for behavioral health and other services?

DELIVERY SYSTEM TRANSFORMATION

As Illinois plans the infrastructure necessary to implement any waiver, we urge the planning authorities to be sure they insist ALL human service state agencies and representatives of community providers be part of the plan. Otherwise, the plan risks overlooking challenges that will be inherent in creating a workable infrastructure that assures comprehensive coordination of care.

Special Populations

We observe that as any Health Care Reform plans have been developed, the potential impact of any reform (or Medicaid Reform) on the Department of Children and Family Services seems to infer that only the 15,000 children in DCFS custody receive Medicaid services. Children actually in care are indeed an important population to consider, since those children are wards of Illinois and are part of federal consent decree that mandates certain services.

However, what does not seem to be reflected in any plans thus far is the reality that the *DCFS system must assure services are provided for the birth parents, foster parents, relatives and important people in a ward's life for whom health, behavioral health and other services are important*---many of which currently fall or will fall under Medicaid.

Have we determined how Illinois will handle cases in which the state ward is served by one Medicaid provider, yet the birth mother falls under a coordinated care entity, the birth father falls under a different managed care provider and the relative foster parent falls under a 4th integrated care entity? Have the planner required DCFS executives to be part of the planning on those knotty issues?

How will we assure all the service required for the child to obtain permanency (including therapy for the parents and foster caregiver) will be delivered in a streamlined way? How will we assure every managed care provider knows they are responsible for providing reports to the juvenile court on a family's progress when they accept a case in which the family has a DCFS case involvement? The involvement goes well beyond planning for just the 15,000 DCFS wards. This is why DCFS and representatives of their private provider community that serves 90% of the DCFS wards must be included in planning.

Integrated Assessment Instrument

We urge the planning committee to convene a discussion with the current state agencies already providing services to Medicaid populations and their providers regarding instruments. Many already require the use of specific assessment instruments that become integrated with Medicaid treatment plans (i.e. CANS across the child welfare system, YASI in the youth services community.) Before adopting any recommendations on use of a single or set of instruments, the planners must consult about the impact on the existing system of care. We need to be sure that any assessment instruments required for the waiver are not layered on top of existing expectations for providers, but serve to streamline assessment and planning.

21ST CENTURY HEALTH CARE WORKFORCE

We note that the concept paper as well as planning documents submitted to the Health Care Reform Implementation Council refer to community health workers. There seems to be an inference that such workers will generally come from the health industry, public health or nursing related professions.

We suggest that many of the workers who will actually be involved in waiver-related services will not just be involved in primary health care services but will be involved in assuring the

delivery of care in the community, in the home or via arranging access. *Workers will not just come from health, public health or nursing, but will come from social work, human services, sociology or public administration type backgrounds. These are the workers who will already be providing Medicaid or related services within existing provider agencies, or who will be recruited for new models of care from existing providers.*

We need to take a creative and practical approach to defining the community health workforce and assure that any development, training or loan repayment funds that can be obtained via the waiver or as a result of cost-savings elsewhere because of the waiver be also made available to community social service agencies who serve existing Medicaid clients. We should not limit our thinking on who/what education background, but clearly define the function.

GENERAL COMMENTS

The waiver concept paper contains a lot of information but lacks specific details on what the state seeks to provide beyond the current Medicaid services. We have informally heard comments from state staff that the waiver would allow us to provide services such as transportation or supportive housing. However, we don't see any such planned specifics referenced in the concept paper. It will be helpful to see much more detail in order to provide more specific comments.

In essence, we encourage Illinois to pursue the waiver, but to pursue a wider interpretation of how waiver services will impact the total Medicaid population. As we plan to implement the waiver it is essential that we understand the role of the social services and special services provider community for our Illinois state agencies that contract much of their direct care out to providers. They must be involved in a purposeful and conscious way in the planning for the transformation of care.

Please let us know if there are any questions or a clarification needs related to our comments. We stand ready to support and assist Illinois as it pursues a better system of care.

Respectfully Submitted,

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